

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST MARSHALL (111052)

Address: 604 LEWELLEN STREET, MARSHALL, WI 53559

License Status: REGULAR

Licensed/Certified/Registered 07/31/1998

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096542 **End Date:** 03/07/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091892 **End Date:** 01/27/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007931 Served 02/03/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	02/23/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	02/23/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 01/29/2004 SOD #10007931 Appealed: No

Sanctions

FORFEITURE---83.14(1)(d)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 07/19/2005

Date Investigation Completed: 03/16/2006

Subject Area(s)
ADMINISTRATION
STAFF ADEQUACY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
notice

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